

**Mississippi Trauma Advisory Committee
Mississippi State Department of Health
Osborne Auditorium
Jackson, MS
Minutes**

November 1, 2001

MTAC Members Present:

Hugh Gamble, M.D.
David Cook, R.N.
Wells Wilson, M.D.
John Lucas, M.D.
William T. Avara, M.D.
Bob McDonald
John Brahan, M.D.
Jerry Green
Christine Weiland, R.N.
Marshall Tucker
Robert Galli, M.D.

MTAC Members Not Present:

Lucy Cumbest, R.N.
Rodney Frothingham, M.D.
John Nelson, M.D.
Brennett Lyles, R.N., REMT-P
John Cook, M.D.
Charles Piggott, M.D.

EMS Staff Present:

Jim Craig
Keith Parker
Austin Banks
Jonathan Chaney
Dave Kuchta

I. Call to Order:

Meeting was called to order by Dr. Gamble at 1:00 p.m.

II Adoption of Minutes:

MTAC decided to file the minutes from July 12, 2001 for information purposes only. No motion to adopt these minutes was made.

III. Director's Report

Mr. Craig gave a report on the Hospital Status Program. He stated that the Mississippi Department of Information Technology Services could develop the program for \$6,000 instead of the \$10,000 from an outside vendor. Mr. Craig advised that the Status Program would be used by the trauma centers to show the facilities the resources available within their Region. The program would

keep a log for information purposes.

The committee had general discussion regarding the programs capabilities.

Dr. Lucas made a motion to proceed with development of a web-based system for availability of trauma resources statewide. Dr. Galli second the motion.

A question arose regarding the amount of funding being approved for the program.

Dr. Lucas amended his motion to approve up to \$10,000. The amended motion was second by Dr. Galli. Motion passed 10 Approve and 1 Oppose. Mr. Tucker was the opposing vote.

IV Reports:

A. Central Trauma Care Region

No report given.

B. North Trauma Care Region

No report given.

C. Coastal Trauma Care Region

No report given.

D. Southeast Trauma Care Region

No report given.

E. Delta Trauma Care Region - Dr. Lucas

The Delta Trauma Region hired an executive director, Ms. Gerry Whitfield. The Regional trauma registry was installed. The Region continues to reimburse doctors and nurses for ATLS and TNCC.

F. Southwest Trauma Care Region

No report given.

G. East Central Trauma Care Region

No report given.

V CPA Contract Update

Mr. Chaney discussed the state-wide CPA contract status. He stated that at the last meeting in July, the MTAC discussed the need for a statewide contract for accounting services related to the trauma system. The original contract bid called for a six month disbursement cycle in the first year. However, it was determined at that meeting not to change the disbursement cycle of the Fund. Based on that, this created a need to re-advertise for bids, because the cycle was not changed, and also adding the six month cycle to the contract.

After re-bidding the contract, Horne CPA Group was the only CPA firm that submitted a bid. The original bid was for \$250,000 for three years, the revised bid was for \$265,000 for three years.

No additional discussion occurred and no motion was made.

VI Horne CPA Reports

Ms Granberry discussed the redistribution report. The redistribution amount was \$638,000 which brings the total disbursed in 2001 to \$6,931,988.

No additional discussion occurred and no motion was made.

Next, Ms. Granberry discussed the Anesthesia/CRNA Study report. Anesthesiologist and CRNA's submitted 2000 claim forms and followed the same regulations and rules as current qualified physicians. Some of the participants of the study were part of an anesthesia group while others were employed by the hospital.

Ms. Granberry discussed the calculations found in the study. It was found that a minimum of \$289,500 is the amount that would have been allocated to the anesthesiologists and CRNA's that participated in this study, if they had been allowed to participate in the 2000 reimbursement. If only anesthesiologists were allowed to participate in the 2000 reimbursement, the amount allocated to them would be \$273,000.

After further discussion, Dr. Lucas made a motion that starting with this fiscal year, the state should fund anesthesia services with the monies to be reimbursed to anesthesiologists, who are not funded by their hospitals. Dr. Brahan second the motion. The motion passed without dissension.

Ms. Granberry discussed appropriate reimbursement according to levels of trauma centers. She recommended MTAC appoint a clinical committee to study the cases that hospitals at all levels are submitting, and determine from a DRG basis, which one of those are appropriate for Level I, II, III, and IV. It is her recommendation to look at the cases with a clinical eye to determine if the reimbursement is appropriate for the level of designation.

After much discussion, MTAC asked Ms. Granberry to look at another

alternative. They asked Ms. Granberry to look at several scenarios, based on a sliding scale for DRG.

No motion was made.

Ms. Granberry discussed recommended changes to the reimbursement guidelines. Clarification is need on whether the Trauma Care Trust Fund should be reimbursing hospitals for patients that leave AMA or are discharged home. These patients become eligible for inclusion in the trauma registry because the trauma center activates a trauma team. Because they are eligible to be included in the trauma registry, they then become eligible for trauma care reimbursement under the current guidelines.

This issue was tabled until further data could be collected.

Dr. Gamble began a discussion regarding the next physician group to research for inclusion as eligible physicians for the Trauma Care Trust Fund. After group discussion, a motion was made by Dr. Avara to look at all surgical providers. Dr. Galli second the motion. Motion passed without dissension.

VII MTAC Regulations Sub-committee Report

Dr. Lucas presented the recommendations of the sub-committee. The sub-committee recommended a number of changes to the current trauma care system regulations. Dr. Lucas reviewed each recommended change with the Committee.

With only minor clarification on some of the terminology, the Committee agreed to approve the recommendations of the sub-committee without dissension.

VIII EMSC/Trauma Supplement Grant

Mr. Parker discussed the EMSC/Trauma Supplement Grant received from the Health and Human Services Administration. This grant provides \$45,000 to the State to enhance the existing trauma system. This grant will be used to evaluate the cost of a Level IV Trauma Center's participation in an inclusive voluntary trauma system. The grant period is from August 1, 2001 - July 31, 2002. A report of finding will be presented to the MTAC at the end of the grant.

IX Southwest TCR Transfer Agreement Letter

Southwest TCR submitted a letter to the MTAC regarding a transfer agreements that would transfer patients to higher levels of care, and then have the higher level of care facility make the decision as to when it is appropriate to repatriate the patient to the original sending hospital.

It was recommended that the Regions and the affected facilities enter into discussions to rectify this situation. No further action was taken.

X Adjourn